

with the problem of major eyelid repair in the Wilmer Institute in Boston. One is also surprised by the technique used for orbital decompression (page 159) and orbital exploration (page 301) using a 2 cm horizontal incision extending outwards from the outer canthus with removal of a segment of the lateral orbital region. Now that plastic surgeons like Tessier, Converse and others have shown the possibilities of cranio-orbital surgery there seems little justification for "key-hole surgery" in an area that most of us would regard as "tiger country". The section on trauma deals only with the soft tissues and the only fracture mentioned is the "blow out" variety.

Indeed it is the wider view of orbital surgery and repair that distinguishes Mustardé's book (reviewed in these columns) so strikingly from this text—a difference that is implicit in their deliberate choice of title. Yet both books deserve a place of honour on our shelves and we must be grateful to the Iliff family and the Publishers for giving us such a splendid volume at such a reasonable price.

MICHAEL N. TEMPEST

CLINICAL ATLAS OF MUSCLE AND MUSCULOCUTANEOUS FLAPS. By STEPHEN J. MATHES, M.D., and FOAD NAHAI, M.D. First Edition. Pp. xiii + 519, with 576 illustrations. (St. Louis: The C. V. Mosby Company, 1979). Price £23.75.

The recognition of the value of muscle and musculocutaneous flaps which seems to have partly replaced the recent great enthusiasm for free flaps in the plastic surgical literature makes this comprehensive work timely. As a technical atlas it draws together a description of useful and reliable flaps many of which have been described previously elsewhere. Some of them will certainly serve plastic and reconstructive surgeons for some time to come. The development of several of these flaps has greatly increased our choice of methods for reconstruction and has reduced to some extent the indications for the use of the free flap.

The written text of the book is short, but as a clinical atlas the work amply fulfills its aims in providing an excellent demonstration of muscle and musculocutaneous flaps. This it achieves by the use of simple line drawings and anatomical illustrations with a brief but succinct text. Many of the photographs are taken from cadaver dissections but as one would expect the more successful flaps are illustrated by clinical examples.

The short but valuable introduction, which deals with the important basic principles of muscle and musculocutaneous flaps as a whole, is followed by the main meat of the volume. All areas of the body are covered and the value of each muscle in that region is dealt with individually in a practical fashion. For example the reader may revise the anatomy of a muscle with reference to its origin, insertion, nerve supply and function. There then follows a detailed account of its all important blood supply and description of the skin territory if one exists. The authors then describe the arc of mobility of the flap around its vascular hilum before giving a very useful account of the operative technique of elevating the flap. Precautions are outlined and examples are given of the flap's use. In some instances this is solely as a pedicled muscle or musculocutaneous flap but in others its added value as a free flap is mentioned. The whole of this main section is particularly useful. It will be of assistance to those who are contemplating such a flap for the first time and wish to practise in the dissecting room and it forms an invaluable guide for those planning and performing these flaps on difficult clinical problems.

Many readers will be acquainted with several of the flaps mentioned as some of them are well tested, reliable and have a wide application. In their enthusiasm however the authors do seem to have sacrificed a degree of credibility for the sake of completeness in some instances. For example, it is hard to imagine a situation where one would be prepared to dispense with the abductor pollicis brevis to cover a small palmar defect.

The appendix consists of an alphabetical list of areas of the body or specific clinical problems under which are grouped several alternative methods of muscular or musculocutaneous reconstructions. This section is valuable as it provides a simple and rapid reference for the plastic surgeon when faced with a difficult reconstructive problem which may be solved by such a flap.

Considering the number of black and white illustrations included in its pages and the comparative cost of similar books, the price is reasonable and many reconstructive surgeons will find this work a very useful reference volume for inclusion in their library.

P. J. SYKES

PSYCHO-SOCIAL ASPECTS OF A SEVERE BURN: A REVIEW OF THE LITERATURE. By M. L. BOWDEN, CLAUDELLA A. JONES and IRVING FELLER. Pp. xiii + 127. (Ann Arbor, Michigan: National Institute for Burn Medicine, 1979). Price \$16.

This volume is published as a supplement to the International Bibliography on Burns which has been produced now for several years, with annual supplements, by the National Institute for Burn Medicine at Ann Arbor under the general direction of Dr Irving Feller.

Two thirds of this supplement consist of an annotated bibliography of those papers thought by the

authors to have relevance in a discussion on the psycho-social aspects of a severe burn and the rehabilitation of burn victims and their families. Some 159 papers are carefully indexed and reviewed according to the content, major findings, type of research, profession of the first named author and the centre in which the work was conducted. Each article is then assigned to one of three categories (advocacy, clinical or empirical) which were described and used by Doehrmann (1977) in a paper describing the psycho-social aspects of recovery from coronary heart disease. I found this categorisation incomprehensible and unhelpful.

Some of the papers listed in the review section are far from recent. Several deal with the Coconut Grove disaster in 1943 and one contribution by Globus was published in 1936. Some of the papers are already well known to readers of this Journal, particularly those by Jackson and Woodward from the Birmingham Accident Hospital Burns Unit. These papers were so clearly written that the annotators to this bibliography have been unable to distort the clear message of the original texts. The same cannot be said of many of the other annotated reviews which are so packed with psycho-social jargon as to be almost unreadable. The primary fault may well have been in the original papers, but the annotators have not helped to clarify the meaning or standardise the terminology.

The first part of the volume (40 papers in all) is even more disturbing in its style and content. It is a long chapter printed under the names of all three authors who are respectively the Director of Rehabilitation, the Director of Education and the President of the National Institute for Burn Medicine, so that we will never know who actually wrote the text. It has an introduction in which great play is made of a concept called the Patient-Environment (P-E) Fit. This is based on the assumption that "behaviour is a function of the complex interplay between person and environment at a given point in time as expressed in the formula $B=f(P-E)\dots$ " We are then given several pages and Tables listing the P-E Fit factors that can affect the occurrence of a burn, the hospital adjustment and the outcome adjustment. Mention is made on almost every page of the very limited information that is available and the even greater difficulty of analysing and comparing the miserably inadequate information that they have gleaned from the literature. Yet despite these serious limitations the authors have had a field day spinning out arguments and theories that could have been more clearly expressed in 4 pages. There are times when we all value greatly the contributions that psychologists, psychiatrists and social workers can make in the management of our burned patients. But there are times when we despair of their inability to speak and write the same language. If we cannot understand one another, how can we possibly help one another? I found little for comfort in this publication and was saddened to read that no less than 3 Research grants had been required to produce this mighty mouse.

MICHAEL N. TEMPEST

THE MANAGEMENT OF TRAUMA. Edited by ZUIDEMA, G. D., RUTHERFORD, R. B., BALLINGER, W.F. Third edition Pp. 863 with 335 illustrations. (Philadelphia, Toronto, London, W.B. Saunders Company, 1979). Price £25.75.

This, the third edition, has been enlarged from 779 to 833 pages and the number of authors from 39 to 58. The extra 6 chapters are partly the result of dividing previous ones and partly the result of adding new ones. Thus, cardiopulmonary resuscitation has been separated from anaesthesia and injuries of the neck from those of the face; a new chapter on pulmonary failure ("shock lung") has been added.

The opening chapters on examination, pathology, physiology and their overlap are sound, comprehensive and authoritative but one may wonder whether there should by now be a chapter on radiological and associated diagnosis and it is surprising to find no mention of Heimlich's manoeuvre and little reference to the crush syndrome.

It is comforting these days, when there has been so much technical advance in both observation and investigation, to find that the importance of careful clinical observation after serious injury of the head is stressed. The management of such patients is dealt with briefly and in general terms and, in keeping with the editors' stated policy, the emphasis is on early care so that there is little said about the later and lasting effects of severe cerebral injury. Among the most difficult everyday questions are whom to admit and whom to radiograph: this topic is passed over. Spinal injuries are dealt with in the same chapter and along similar lines.

Injuries of the face and neck are dealt with with a fair amount of practical detail; tracheostomy with a flap is not mentioned, nor is the ease with which a child's trachea (and associated vessels) can be pulled up into the neck. The chest and belly are dealt with with an abundance of practical advice, but the techniques of thoracotomy are not described and it is surprising to find no mention of splitting the sternum in order to extend an abdominal incision into the chest.

In the management of wounds one does not expect to read that gunshot wounds are not particularly dirty and of tetanus antitoxin but not of human immune globulin; perhaps antitoxin is now used to mean this. There is no practical detail about the technique of exploring wounds or of cutting split skin grafts, as against a fair amount of guidance in the use of more elaborate measures of closure and repair.

It is the chapters on fractures that are the most disappointing; they are brief and superficial with none of the practical advice and critical appraisal that has marked so many of the preceding chapters. Volkmann's ischaemic contracture receives little attention and is wrongly indexed. The description and illustration of Dunlop's traction are inconsistent.

The chapter on thermal injuries refers to 4 degrees of burning and includes sections on chemical and electrical burning and also on the effects of cold, but without reference to exposure and other sorts of